

The Wellstreet Journal

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Occupational Medicine, Wellness Center and Positive Health Directions

"This can't be happening to me."

Who is going to take care of the children? Men have heart attacks, not women." These could be the random thoughts of any woman experiencing a heart attack. Contrary to popular belief, coronary heart disease (CHD) is the single greatest cause of death among American women. According to national polls, women are more concerned about the risk of cancer than of CHD. However, statistics from the American Heart Association show that far more women die of CHD than of breast cancer. Furthermore, CHD is associated with greater illness and death in women than in men. In spite of this, the public at large, as well as many clinicians, think of CHD as a man's disease and may fail to recognize CHD manifestations in women.

These misconceptions may be due in part to the fact that CHD is generally diagnosed in women 10-15 years later than in men. Also, women develop symptoms of CHD later in life and therefore may not worry as much or take preventive measures.

Gender Differences

The Framingham Study revealed angina pectoris (chest pain) to be the major presenting factor for both men and women. However from there the symptoms vary in frequency. The two symptoms found to be significantly more common in women were shortness of breath that occurs at night intermittently, and loss of appetite.

The "classic" presentation in men often involves a crushing or stabbing pain in the central chest area, accompanied by a feeling of uncomfortable pressure, which lasts for several minutes. Women tend more to report arm or shoulder pain; jaw, neck or throat pain; toothache or pain in the back, beneath the breastbone, or in the pit of the stomach. The less "classic" presentation may result in failure--on the part of both patient and doctor--to recognize a potential cardiac event early in its course.

Understanding Risks

Several risk factors are the same for both men and women--age, positive family history, smoking and high cholesterol. However, there are several factors that more significantly affect women--diabetes, obesity, sedentary lifestyle, elevated triglycerides and declining estrogen levels, which occur with menopause.

Prevention

- **Exercise.** Regular exercise may be the single most important prevention. It elevates the good cholesterol (HDL), lowers LDL, helps control blood pressure, aids in weight control, and facilitates blood sugar management.
- **Hypertension and blood lipid level management.** The two most common prevention's for CHD are managing blood pressure and blood lipid levels. Hypertension is defined as a systolic blood pressure greater than 140 mmHG and a diastolic blood pressure of greater than 90 mmHG. Even borderline hypertension should be controlled through diet, exercise and/or medication (as

prescribed by your doctor). Regular aerobic exercise, weight reduction (if necessary), decreased intake of salt (< 2 grams/day), adequate intake of minerals (fruits, vegetables and calcium-rich foods) and avoidance of excessive alcohol consumption all contribute to lowering blood pressure.

Reference: NIH Working Group Report on Primary Prevention of Hypertension and DASH study

- **Nutrition.** The most important measure to limit CHD risk is to modify fat intake: reduce total fat intake to under 30%, reduce saturated fat to less than 10% and include monounsaturated and polyunsaturated fats. Adequate intake of fiber, B-vitamins and antioxidants (fruits, vegetables, whole grains, and fortified cereals) is also protective. *An ongoing prospective study of 160,000 women between ages 30 and 55 has shown that an increased intake of folate and vitamin B6 helped to reduce the occurrence of CHD.*
- **Smoking cessation.** Education and support groups remain the most effective mechanism by which to stop smoking and maintain tobacco free.
- **Diabetes.** Since diabetes appears to be a greater risk factor in women and the associated neuropathies may mask classic symptoms of MI, glucose control is strongly recommended. Not only can diabetes mask symptoms; it has a direct effect on the coronary arteries that supply the heart muscle.
- **Hormone replacement therapy.** Due to decreased estrogen production following menopause, high-density lipids (HDL) decrease and low-density lipids (LDL) increase. Decreased estrogen also contributes to additional vasoconstriction properties which combined with an increased LDL (plaque producing lipids) greatly increases the risk for CHD in women.
- **Stress management.** Assess your stress levels and analyze your current coping capabilities. You may benefit from programs offering tips on time management, priority setting, and conflict management, to name just a few. Exercise, self-hypnosis, meditation and yoga may also provide stress relief.

Evaluate your own risk factors and begin steps towards a healthier lifestyle. See your doctor or participate in Health Check, the health risk assessment offered by ESH-2 to assess your risk for CHD and provide suggestions for preventive measures.

Newsletter QUIZ?

Test your knowledge from the January 2000 Welcoa newsletter.

1. The cell phone accessory that can minimize close microwave exposure *and* reduce the risk of talking on the phone while driving is a _____.
2. When lifting an object, get in close; straddle the object and balance with 1 foot _____.
3. On food labels, the Percentage Daily Value is based on _____ calories/day. If you eat more or less than this amount, focus on actual nutrient amounts instead.

Wise Health Consumer Month Tips!

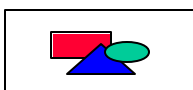
Provided by: Occupational Medicine and Benefits

- ❑ Ask why medical tests or procedures are necessary, what information is to be gained, and what decision is to be made from the results.
- ❑ Consider each medical situation and what level of care is needed. Don't automatically and immediately go to the emergency room or a doctor's office. Remember to consult the self-care guide "Take Care of Yourself" or to access the Mayo Clinic nurse hotline, "Health Connection," for assistance making a decision.
- ❑ Remember that your medical health care plan is a group plan, which means costs are shared among all the members in the group. Premiums are based on the expectations that a certain percentage of members won't need any health care and that a small percentage will need extensive health care. Each member should exercise wise judgement when using the plan because each cost incurred contributes to the overall cost of the plan. Costs must be covered by premiums. If premiums are not sufficient to cover the costs, premium rates will increase the following year. It's like paying a shared debt that's been deferred for one year.
- ❑ Remember you pay only a small portion of the total cost for prescriptions, medical visits, surgeries, and other medical services. As a member of a medical health-care plan, you are insulated from the true costs of health care, ask your providers for copies of bills.

Stress Buster

It's that time of year again when the bills from your holiday shopping are coming due and you know your tax return is not going to cover the debt. How do you know when you should seek help for financial problems? Experts say signs of financial trouble include: not being able to make more than the minimum payment on credit cards; making credit card payments by charging them to other credit cards; being in a position where any emergency, such as car repairs, could put your under; or constant worry about money. Credit counselors say that it is not necessarily how much you owe but how that debt affects you that is the determinant of financial problems. Some resources you can turn to for advice include: The National Foundation for Consumer Credit (1-800-388-2227); Credit Card Management Services, Inc. (www.credit-debt.com); and Consumer Credit Counseling Service Of New Mexico, Inc. (1-800-233-9210).

Wellness Center Update



is coming in March to kick off **National Nutrition Month!** This 8-week incentive program can help you lose weight through simple yet powerful goal-setting and tracking techniques. The social/emotional challenges of eating ("Romancing the Scone") and great tips for portion control are among the dozens of motivating ideas in this program. The

program runs from Monday March 6 – April 28. **Register Thur. 2/24 – Thur. March 2** online at the Wellness Center web page, or call 7-7166 for more information.

Wellness Center Classes

(All classes are held at the Wellness Center.)

Three Specialty/Short Term classes are coming up just for March!

Survival in the Weight Room for Women Only, Tue. & Thur., March 7-30, 11:05-11:55 AM.

Power Yoga, Tue. & Thur., March 2-28, 11:05-11:55 PM.

Latin Dance on Friday, Fri. March 3-31, 12:05-1 PM.

And ... the entire Laboratory workforce is invited to attend the new Headache Management Series.

Headache: What You Should Know, What You Can Do, Thur. Feb. 24, 12:00-1:00 PM.

Biofeedback: Stress Management Techniques, Thur. March 2, 12:00-1:00 PM.

Wellstreet Food Court

In celebration of **American Heart Month**, this recipe comes from the American Heart Association's fun online book *Delicious Decisions* <http://www.deliciousdecisions.org/>

STUFFED FRENCH TOAST

6 1-inch-thick slices French bread
1/4 cup nonfat or light cream cheese
1/2 teaspoon finely shredded orange peel
1 teaspoon orange juice
Egg substitute equivalent to 3 eggs
2 tablespoons skim milk
Vegetable oil spray

Cut a pocket horizontally into each slice of French bread, being careful not to cut all the way through. Set aside. In a small bowl, stir together cream cheese, orange peel and orange juice. Spoon about 1 heaping teaspoon cream cheese mixture into each bread pocket. Spread evenly with a knife. In a shallow bowl, beat together egg substitute and milk. Place a slice of stuffed bread in the egg mixture. Let it soak about 30 seconds. Turn bread over and let it soak another 30 seconds. Repeat with remaining pieces of bread. Spray a griddle or large skillet with vegetable oil. Place over medium heat. Cook bread slices 3 to 4 minutes on each side, or until golden brown. Serve warm. Serves 3; 2 slices per serving.

The Wellstreet Journal is a quarterly publication of Positive Health Directions (PHD) (HR-1 & ESH-2) and the Wellness Center (ESH-2). Comments can be sent to wsj@lanl.gov or Marta Gentry Munger 667-7166 or Jessica Kisiel 665-4368. PHD <http://www.hr.lanl.gov/GoodHealth/> Wellness Center <http://drambuie.lanl.gov/~wellness>

Newsletter QUIZ

Answers: 1. Headset 2. Slightly Forward 3. 2000